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## BIB DATA SHEET

CONFIRMATION NO. 5574

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/389,565	09/03/1999	424	1644	14028.0290
<b>RULE</b>				
<b>APPLICANTS</b> DAVID M. NEVILLE, JR., BETHESDA, MD; JERRY TODD THOMPSON, GOOSE CREEK, SC; HUAIZHONG HU, BETHESDA, MD; SHENGLIN MA, BETHESDA, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/739,703 10/29/1996 ABN and claims benefit of 60/008,104 10/30/1995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/23/1999				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <input type="checkbox"/> Met after Allowance Acknowledged <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance <input type="checkbox"/>	STATE OR COUNTRY MD	SHEETS DRAWINGS 19	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 1				
<b>ADDRESS</b> NATIONAL INSTITUTE OF HEALTH C/O Ballard Spahr Andrews & Ingersoll, LLP SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309 UNITED STATES				
<b>TITLE</b> IMMUNOTOXIN WITH IN VIVO T CELL SUPPRESSANT ACTIVITY AND METHODS OF USE				
<b>FILING FEE            RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	